

## PLACE OF BIRTH

## ARIZONA STATE BOARD OF HEALTH

1. County of Gila

District of \_\_\_\_\_

Town of Hayden

or \_\_\_\_\_

City of \_\_\_\_\_

BUREAU OF VITAL STATISTICS  
ORIGINAL CERTIFICATE OF BIRTHState Index No. 112

County Registrar No. \_\_\_\_\_

Local Registrar No. 63No. \_\_\_\_\_ St. \_\_\_\_\_ Ward \_\_\_\_\_  
(If birth occurred in a hospital or institution, give its NAME instead of street and number)2. Full name of child Jesse Garcia

{ If child is not yet named, make supplemental report, as directed.

3. Sex of Child

To be answered ONLY  
in event of plural  
births.

4. Twin, triplet or other

6. Legitimate?

7. Date of birth Sept 2 1927  
Month Day YearMale

5. No., in order of birth \_\_\_\_\_

Yes

8. FATHER

Full name Sergio Garcia

9. Residence

(Usual place of abode)

Hayden

If non-resident, give place and state.

10. Color or race

Mexican11. Age at last birthday 28 (Years)

12. Birthplace (city or place)

(State or country)

Salisco, Mex.

13. Occupation

Nature of Industry

Mexican  
Copper Concentrator

14. MOTHER

Full maiden name Victoriano Mercado

15. Residence

(Usual place of abode)

Hayden

If non-resident, give place and state.

16. Color or race

Mexican17. Age at last birthday 22 (Years)

18. Birthplace (city or place)

(State or country)

Guatemala, Mex

19. Occupation

Nature of Industry

Housewife20. Number of children of this mother 2Taken as of time of birth of child herein  
certified and including this child.)(a) Born alive and now living 1(b) Born alive but now dead 1(c) Stillborn 121. Were precautions taken against oph-  
thalmia neonatorum?Yes

## CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE\*

I hereby certify that I attended the birth of this child, who was Born alive at 11:10 P.M. on the date above stated  
(Born alive or stillborn)Signature W. B. P. Winkler

(Physician or midwife)

Address Hayden, Ariz\*When there was no attending physician  
or midwife, then the father, householder,  
etc., should make this return. A stillborn  
child is one that neither breathes nor  
shows other evidence of life after birth.Iven name added from  
supplemental report

Month, day, year

Filed Sept 3rd, 1927W. B. P. Winkler  
Local Registrar.

Registrar

Filed \_\_\_\_\_, 19\_\_\_\_

County Registrar.

171-902-546